

Department of Agriculture, Trade and Consumer Protection

Consumer Product Safety Complaint

1. How do we c							
Name: MrI	Mrs Miss Ms one)	(firet)		(middle		(last)	
)				,	, ,	
Fax: ()	· 		Email:				
		Phone me between 8:00 A.M. and 4:00 P.M. at:					
A 11						ne:	
City:		Sta	te:	Zip:		County:	
2. Name and ad	ldress of victim if dif	ferent from ab	ove:				
Name: MrI	Mrs MissMs one)						
(check	one)	(first)	<i>(</i>)	(middle	e) vt or ((last)	
)						
	e between 8:00 A.M.						
City:		Sta	te:	Zip:		County:	
Information abou	ut your complaint: P	Please provide	as much ir	nformation as	you can.		
3. Victim's age:	Gender:		D	ate of incident:			
_							
•	fluct involved:				Do you still		
5. Product mode	el:S	erial number: _			have the pro	oduct? Y	'es No
6. Brand name/N	Manufacturer:						
Address:					P(O Box:	
City:		Sta	te:	Zip:		Country:	
	contact person:						
8. Manufacturer	•						
	, , , , , , , , , , , , , , , , , , , ,			,	,		
9. Where was th	?	Date of purchase:					
10. Contact perso	on at place of purchas	e:			Phone	()	
11. Amount paid:	\$	by: (circle	one) ca	sh check	credit card	financed	other plan
12. Did you conta about your co	ct the manufacturer mplaint?		Yes \ No	When?		What	nappened?
13. Have you filed with another a			Yes A	Agency name?		What	nappened?
14. Have you con private attorned				Have you starte court action?	d	_ Yes _ No	CP-126 /F/00

15. Describe the incident or hazard in detail and include a description of any injuries							
16. How do you feel your complaint should be resolved? (please be specific)							
*							
This complaint and the information you provide will be used in efforts to resolve your problem and will typically be shared with the party complained against. It may also be used to enforce applicable state laws. Under Wisconsin's Open Records Law, this complaint will be available for public review upon request, after this department's action is completed.							
The above information is true and accurate to the best of my knowledge.							
Your signature:	Date:						

Return this form and <u>copies</u> of your papers to our office located at:

DATCP – PRODUCT SAFETY SECTION PO Box 8911 Madison, WI 53708-8911 (800) 422-7128

FAX: (608) 224-4939

TDD: (608) 224-5058

EMAIL: datcphotline@datcp.state.wi.us WEBSITE: http://datcp.state.wi.us/